

**APPLICATION FORM FOR WIDOW PENSION**

1.NAME OF THE APPLICANT :

2 HUSBAND’S NAME

3. FULL RESIDENTIAL ADDRESS:

4. SINCE HOW LONG RESIDENT  
OF ANDHRA PRADESH

5.AGE OF APPLICANT

6.WHETHER APPLICANT IS HAVING  
ANY RELATIVES GIVE  
THEIR DETAILS

7.WHETHER APPLICANT HAS ANY  
OTHER SOURCES OF INCOME

8. MARKS OF IDENTIFICATION :

1. -----
2. -----

PASSPORT SIZE  
PHOTOGRAPH  
TO  
BE  
PASTED HERE

I -----W/o ----- do hereby state  
what is stated above is true and correct to the best of my knowledge and belief. Hence  
certified on this the ----- day of -----2001

PLACE :

DATE:

**SIGNATURE OR THUMB IMPRESSION OF  
THE APPLICANT**

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For office use

**HENCE RECOMMENDED/NOT RECOMMENDED.**